

MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

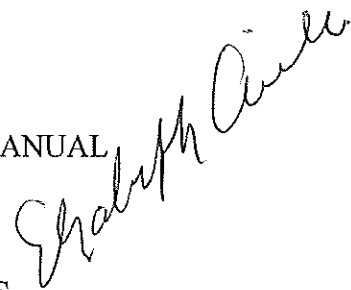
December 8, 2009

MEMORANDUM

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: CHARLES DUARTE, ADMINISTRATOR

SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 800 – LABORATORY SERVICES



BACKGROUND AND EXPLANATIONS

Changes are being made to Medicaid Services Manual (MSM) Chapter 800 – Laboratory Services, to update chapter definitions, remove references to specific Current Procedural Terminology (CPT) codes, modify prior authorization policy requirements, modify coverage limitations for blood collection techniques and unlisted codes, and delete repetitive language. Changes will be effective upon approval at the Public Hearing.

MATERIAL TRANSMITTED
MTL 34/09

CHAPTER 800 – LABORATORY
SERVICES

Sec. 800

Added “Clinical laboratory services are furnished primarily in three distinct settings: independent clinical laboratories, physician office laboratories and hospital-based laboratories.”

Added “those listed in the”

Added “Manual”

Added “1000”

Sec. 802.2

Added “or”

MATERIAL SUPERSEDED
MTL 23/05, 06/08

CHAPTER 800 – LABORATORY
SERVICES

Deleted “four areas where Medicaid and”

Deleted “policies differ as documented in”

Deleted “3700”

Deleted “INDEPENDENT”

Added “of the”

Added “medical condition. The term does not include forensic laboratory operated by a law enforcement agency.”

Deleted “n independent clinical”

Deleted “is a facility”

Deleted “or other”

Deleted “fluids”

Deleted “purpose of aiding in”

Deleted “;”

Deleted “disease or infirmity”

Sec. 802.3

Added “INDEPENDENT CLINICAL LABORATORY”

Deleted “OUT OF STATE CATCHMENT AREAS (BORDER CITIES)”

Added “A clinical laboratory independent of an attending or consulting physicians’ office or of a hospital that, at least, meets the requirements to qualify as an emergency hospital as defined in 1861 of the Social Security Act.”

Deleted “Recipients who live near the border may be geographically closer to out of state providers than to instate providers for both primary and specialty care. Out of state providers routinely provide care in the following “primary catchment areas”.”

Deleted catchment areas and border cities

Deleted “All in state benefits and/or limitations apply in these catchment areas. Reference Chapter 100 for additional information.”

Sec. 802.4

Added “OFFICE”

Deleted “PRIVATE (HEALTH CARE PROVIDER”

Added “diagnostic”

Deleted “S)”

Added “for recipients”

Deleted “private”

Added “connection with”

Deleted “is that which is”

Added “physician’s”

Deleted “on patients”

Deleted “private”

Deleted “of a health care provider owner (and/or his partners or associates)”

Sec. 803.1

Added “medically necessary, diagnosis related, covered”

Sec. 803.1.A.1

Added “Except for specific laboratory tests identified under non-covered services, Medicaid reimburses organ or disease oriented panels, therapeutic drug assays, evocative/suppression testing, clinical pathology consultations, urinalysis, chemistry, hematology and coagulation, immunology, tissue typing, transfusion medicine, microbiology, cytopathology, cytogenic, surgical pathology, total transcutaneous bilirubin, and tests specified under, “Other Procedures” in the most recent version of Current Procedural Terminology. Reference the Nevada Medicaid and Nevada Check Up billing guidelines for Provider Type 43, Laboratory, Pathology/Clinical, for covered CPT codes.”

Deleted “Laboratory services are limited to diagnosis related to medically necessary services for recipients and are available to all persons eligible for medical assistance through the Medicaid and Nevada Check Up programs.”

Sec. 803.1.A.1.a

Deleted “a. Clinical laboratory services include CPT codes 36400 – 36425, 80048 – 87999, 88400, 89050 – 89240;”

Sec. 803.1.A.1.b

Deleted “b. Surgical pathology services include CPT codes (88300 – 88399), Cytopathology services (88104 – 88199), Cytogenetic services (88230 – 88299)

Sec. 803.1.A.5

Added “Physicians”

Deleted “Health care provider’s”

Added “in compliance with applicable state licensure/registration requirements, have appropriate CLIA certifications,”

Deleted “registered by the Nevada State Bureau of Licensure and Certification. The health care provider must”

Added “licensed/”

Deleted “may”

Added “and certified to perform.”

Sec. 803.1.A.7

Deleted “Use CPT code 36600.”

Sec. 803.1.A.9

Added “recipients”

Deleted “does not require prior authorization”

Deleted “patients with the following”

Sec. 803.1.A.9.a

Added “With a”

Deleted “A”

Added “(new or recent)”

Added “upon entry into HIV care and/or prior to the initiation of antiretroviral therapy”

Sec 803.1.A.9.b

Added “P”

Deleted “Patient p”

Added “ing”

Deleted “s”

Added “or”

Sec. 803.1.A.9.c

Added “Demonstrating documented”

Deleted “Patient has”

Sec. 803.1.A.10

Added “A physician office laboratory can bill”

Deleted “The Medicaid healthcare provider’s place of business will be reimbursed”

Added “venipuncture specimen collection”

Deleted “blood drawing”

Added “per date of service, only when the specimen is sent to an independent clinical laboratory for testing.”

Deleted “regardless of the number of tests”

Sec. 803.1.A.11

Added “Laboratory tests associated with t”

Deleted “T”

Added “(Healthy Kids Program)”

Deleted “EPSDT (“

Added “are referenced in MSM Chapter 1500.”

Deleted “)”

Deleted “(Provider Type 31)”

Deleted “includes the following tests:”

Sec. 803.1.A.11.a

Deleted “a. Hemoglobin or hematocrit urine dipstick, PKU, tuberculin skin test and sickle cell testing when appropriate.”

Sec. 803.1.A.11.a.2

Added “n independent”

Sec. 803.1.A.13

Added “13. Serologic testing for syphilis in the first and third trimester of pregnancy in accordance with NRS 442.010.”

Sec. 803.1.A.14

Added “14. The semen analysis, motility and count following a vasectomy procedure, not including Huhner test, is limited to the CPT code specified in Nevada Medicaid’s billing manual.”

Sec. 803.1.B.1

Added “listed in the most recent, annually updated Current Procedural Terminology (CPT) publication”

Sec. 803.1.B.1.a

Deleted “listed under the Anatomic Pathology section of the Physician’s Current Procedural Terminology (CPT) 2005.”

Sec. 803.1.B.1.b

Added “, except as indicated in 803.1.A.13”

Deleted “listed in the physicians current procedural terminology. The codes are 89250 – 89356”.

Deleted “Exception: Medicaid will pay for semen analysis, motility and count (code 89310) following a vasectomy procedure.”

Sec. 803.1.B.1.c

Added “H”

Deleted “Medicaid does not reimburse h”

Deleted “and”

Sec. 803.1.B.1.f

Added “f. All unlisted laboratory codes, with the exception of the unlisted chemistry code.”

Sec. 803.1.B.1.g

Added “g. Routine venipuncture by a provider testing the laboratory specimen.”

Sec. 803.1.B.1.h

Added “h. Collection of a capillary blood specimen (e.g. finger, heel, or ear stick) when it is part of or integral to the test procedure (e.g. a bleeding clotting time).”

Sec. 803.1.C

Added “The ordering physician must obtain prior authorization for the following services, except for Medicare/Medicaid dual eligible recipients who are still eligible for Medicare benefits.”

Sec. 803.1.C.1

Added “recipients”

Deleted “:Prior authorization is required”

Deleted “patients”

Sec. 803.1.C.2

Added “L”

Deleted “Prior authorization is required for
l”

Added “by a physician office laboratory directly to an”

Added “laboratory”

Sec. 805.1

Added “PROVIDER SPECIFIC INFORMATION”

Deleted “Other sources which may impact the provision of Laboratory Services include, but are not limited to:”

Added “1. Medicaid Service Manual Chapters:”

Deleted “y Services”

Added “Chapter 200: Hospital Services”

Deleted “s”

Added “Chapter 300: Radiology Services”

Deleted “Early Periodic Screening, Diagnosis and Treatment”

Added “Chapter 400: Mental Health and Alcohol/Substance Abuse Services”

Deleted “Medicaid Recipient”

Added “ies”

Deleted “and Grievances”

Added “Chapter 700: Rates and Cost Containment”

Deleted “Chapter 3700: Nevada Check Up”

Added “Chapter 800: Laboratory Services”

Added “Chapter 900: Private Duty Nursing”

Added "Chapter 1000: Dental"

Added "Chapter 1100: Ocular Services"

Added "Chapter 1200: Prescribed Drugs"

Added "Chapter 1300: DME, Disposable
Supplies and Supplements"

Added "Chapter 1400: Home Health
Agency"

Added "Healthy Kids Program"

Added "Chapter 1600: Intermediate Care
for the Mentally Retarded"

Added "Chapter 1700: Therapy"

Added "Chapter 1800: Adult Day Health
Care"

Added "Chapter 1900: Transportation
Services"

Added "Chapter 2400: Comprehensive
Outpatient Rehabilitation (COR) Services"

Added "Chapter 2500: Case Management"

Added "Chapter 2800: School Based Child
Health Services"

Added "Chapter 2900: Mental Health"

Added "Chapter 3200: Hospice"

Added "Chapter 3300: Program Integrity"

Added "Chapter 3500: Personal Care
Services Program"

Added "Organization"

Sec. 805.1.2

Added "2. Nevada Check Up Manual"

Added "Chapter 1000: Nevada Check Up Program"

Sec. 805.2

Added "SERVICES CORPORATION"

Sec. 805.2.A

Added " A. Provider Relations Department
First Health Services Corporation PO Box
30042 Reno, NV 89520-3042 Toll Free
within Nevada (877) NEV-FHSC (638-
3472)"

Deleted B. Nevada Medicaid Provider
Support Division of Health Care Financing
and Policy 1100 East William Street
Carson City, NV 89701 (775) 684-3705

Sec. 805.2.B

Added "Nevada Medicaid and Nevada
Check Up Health Care Maintenance
(HCM)"

Deleted "www.fhsc.com"

Added "Telephone:"

Added "Fax: (866) 480-9903"

Sec. 805.2.C

Added "C. Web announcements, billing
manuals, billing guidelines, forms, provider
enrollment and pharmacy information:
<http://nevada.fhsc.com>"